

Hampshire and Isle of Wight Integrated Care Board Priorities Committee

Policy title	Policy 19: Sinus surgery for chronic rhinosinusitis
Policy position	Criteria Based Access
Date of issue	April 2023
Update	This policy will be updated in light of a substantial body of new evidence or new national guidance.

Patients with unilateral symptoms or clinical findings, orbital, or neurological features should be referred urgently / via 2-week wait.

Patients are eligible to be referred for specialist secondary care assessment in any of the following circumstances:

- A clinical diagnosis of CRS (chronic rhinosinusitis) has been made (as set out in RCS/ENT-UK Commissioning guidance¹) in primary care and patient still has moderate / severe symptoms after a 3-month trial of intranasal steroids and nasal saline irrigation **AND**
 - For patients with bilateral nasal polyps there has been no improvement in symptoms 4 weeks after a trial of 5-10 days of oral steroids (0.5mg/kg to a max of 60 mg)
- OR**
- Patient has nasal symptoms with an unclear diagnosis in primary care

No investigations, apart from clinical assessment, should take place in primary care or be a pre-requisite for referral to secondary care (e.g. X-ray, CT scan). There is no role for prolonged courses of antibiotics in primary care.

Functional endoscopic sinus surgery for chronic rhinosinusitis and nasal polyps

Patients can be considered for endoscopic sinus surgery when the following criteria are met:

- A diagnosis of CRS has been confirmed from clinical history and nasal endoscopy and / or CT scan **AND**
 - Disease-specific symptom patient reported outcome measure confirms moderate to severe symptoms (e.g. Sinonasal Outcome Test) after trial of appropriate medical therapy (including counselling on technique and compliance) as outlined in RCS/ENT-UK commissioning guidance 'Recommended secondary care pathway' **AND**
 - Pre-operative CT sinus scan has been performed and confirms presence of CRS (a CT sinus scan does not necessarily need to be repeated if performed sooner in the patient's pathway) **AND**
 - Patient and clinician have undertaken appropriate shared decision-making consultation regarding undergoing surgery including discussion of risks and benefits of surgical intervention
- OR**
- In patients with **recurrent acute** sinusitis, nasal examination is likely to be relatively normal. Ideally, the diagnosis should be confirmed during an acute attack if possible, by nasal endoscopy and/or a CT sinus scan.

There are a number of medical conditions whereby endoscopic sinus surgery may be required outside the above criteria. These cases are outside the above criteria and continue to be routinely funded:

- Any suspected or confirmed neoplasia
- Emergency presentations with complications of sinusitis (e.g. orbital abscess, subdural or intracranial abscess)
- Patients with immunodeficiency
- Fungal Sinusitis
- Patients with conditions such as Primary Ciliary Dyskinesia, Cystic Fibrosis or NSAID-Eosinophilic Respiratory Disease (NSAID-ERD, Samter's Triad Aspirin Sensitivity, Asthma, CRS)
- Treatment with topical and / or oral steroids contra-indicated
- As part of surgical access or dissection to treat non-sinus disease (e.g. pituitary surgery, orbital decompression for eye disease, nasolacrimal surgery).

References:

¹ Royal College of Surgeons and ENT UK: Commissioning Guide: Chronic Rhinosinusitis (2016)

² Academy of Medical Royal Colleges. Evidence Based Interventions Programme: Surgical intervention for chronic rhinosinusitis (2020)

Clinical coding for Functional endoscopic sinus surgery for chronic rhinosinusitis and nasal polyps:

Diagnosis codes

J32.0 Chronic maxillary sinusitis
J32.1 Chronic frontal sinusitis
J32.2 Chronic ethmoidal sinusitis
J32.3 Chronic sphenoidal sinusitis
J32.4 Chronic pansinusitis
J32.8 Other chronic sinusitis
J32.9 Chronic sinusitis, unspecified
J33.0 Polyp of nasal cavity
J33.1 Polypoid sinus degeneration
J33.8 Other polyp of sinus
J33.9 Nasal polyp, unspecified

Procedure codes

Y76.1 Functional endoscopic sinus surgery
Y76.2 Functional endoscopic nasal surgery

E12.1 Ligation of maxillary artery using sublabial approach
E12.2 Drainage of maxillary antrum using sublabial approach
E12.3 Irrigation of maxillary antrum using sublabial approach

E12.4 Transantral neurectomy of vidian nerve using sublabial approach
E12.8 Other specified operations on maxillary antrum using sublabial approach
E12.9 Unspecified operations on maxillary antrum using sublabial approach
E13.1 Drainage of maxillary antrum NEC
E13.2 Excision of lesion of maxillary antrum
E13.3 Intranasal antrostomy
E13.4 Biopsy of lesion of maxillary antrum
E13.5 Closure of fistula between maxillary antrum and mouth
E13.6 Puncture of maxillary antrum
E13.7 Neurectomy of vidian nerve NEC
E13.8 Other specified other operations on maxillary antrum
E13.9 Unspecified other operations on maxillary antrum
E14.1 External frontoethmoidectomy

E14.2 Intranasal ethmoidectomy
 E14.3 External ethmoidectomy

 E14.4 Transantral ethmoidectomy
 E14.5 Bone flap to frontal sinus
 E14.6 Trephine of frontal sinus
 E14.7 Median drainage of frontal sinus
 E14.8 Other specified operations on frontal sinus
 E14.9 Unspecified operations on frontal sinus
 E15.1 Drainage of sphenoid sinus
 E15.2 Puncture of sphenoid sinus
 E15.3 Repair of sphenoidal sinus
 E15.4 Excision of lesion of sphenoid sinus
 E15.8 Other specified operations on sphenoid sinus
 E15.9 Unspecified operations on sphenoid sinus
 E16.1 Frontal sinus osteoplasty
 E16.2 Drainage of frontal sinus NEC
 E16.8 Other specified other operations on frontal sinus
 E16.9 Unspecified other operations on frontal sinus
 E17.1 Excision of nasal sinus NEC
 E17.2 Excision of lesion of nasal sinus NEC
 E17.4 Lateral rhinotomy into nasal sinus NEC
 E17.8 Other specified operations on unspecified nasal sinus
 E17.9 Unspecified operations on unspecified nasal sinus
 E08.1 Polypectomy of internal nose

Version	Date	Reason for change
1	2017	
2	2021	Review due to publication of NHS England Evidence Based Intervention Guidance
3	Agreed September 2022 (Ratified by the Board – January 2023)	Policy renamed Sinus surgery for chronic rhinosinusitis

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.